

WEEKLY BULLETIN

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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GUY P. JONES
Editor

VINCENT'S INFECTION

The dental consultant to State health authorities, P. A. Dental Surgeon Walter J. Pelton of the United States Public Health Service, advises State and local health agencies that an increase in the prevalence of Vincent's infection (trench mouth) has been reported among industrial workers and the armed forces in the British Isles since the outbreak of war in Europe in 1939. The potentiality exists that increased prevalence of this disease may also occur in the United States due to changes in the mode of living of our industrial workers.

The reporting of cases of Vincent's infection is not required by law in California, but the United States Public Health Service desires to be advised of any outbreaks of the disease in epidemic form, for the protection of the national health and welfare. Health authorities and dentists are requested to report outbreaks to the Surgeon General, attention Dental Surgeon H. T. Dean, National Institute of Health, United States Public Health Service, Washington, D. C.

Authoritative information on the recognition and control of Vincent's infection may be found in Reprint 1697, Public Health Reports, pages 63-4. This reprint is a report of a Committee of the American Public Health Association, "The Control of Communicable Diseases."

Identified in the public mind as "trench mouth," Vincent's infection is also known as Vincent's angina, and ulcerative or necrotic stomatitis. The true angina form affects the tonsils or pharynx, and the stomatitis form the oral mucosa; we therefore consider the infection form as that which affects the gums proper, causing them to become acutely inflamed and painful

with edema of the interdental papillae, and to bleed easily. A rapid onset is characteristic, with fetor of breath and a slight fever. Necrosis follows, with the formation of a grayish-white pseudomembrane or "slough" tissue which is easily removed and leaves a raw, profusely bleeding surface. The causal bacterial agents are believed to be the fusiform bacillus and the spirillum Vincenti, but these are most commonly part of a mixed bacterial flora. These organisms are usually present in small numbers on healthy tissue, but proliferate rapidly under pathological conditions.

It is agreed by most that the resistance of the individual is the prime factor in the control of the disease, but that the saliva does not exert the bacteriostatic action which it does upon many organisms in the oral cavity. A deficiency of vitamin C and poor oral hygiene predispose toward an attack of the disease, and treatment by ascorbic acid and its factors in the diet, together with the institution of proper oral hygiene, will bring marked immediate comfort, and in most cases, cure within a short time.

If an attack of Vincent's infection be suspected, it is advisable to consult a dentist at once, to prevent the spread of this infectious disease among the family or the public.

HEALTH OFFICERS APPOINTED

Dr. E. D. Barnett, who has been Acting Health Officer of Sonoma County, was appointed as Health Officer November 1, 1942.

Dr. Charles Benninger has succeeded Dr. Louis C. Olker as Health Officer of Butte County, with headquarters in Oroville.

LEAD DUST HAZARD IN LEAD MINING

In cooperation with and at the request of the State Bureau of Accident Prevention, Industrial Accident Commission, studies were made by the Bureau of Industrial Health both underground and in the mill of two mines in the southern part of the State. Both mines produce lead in the form of an ore which is basically lead carbonate and lead sulfide with minor amounts of lead sulfate and lead oxide. One of the companies crushes and concentrates their ore before shipping.

In order to evaluate the extent of the exposure to lead dust, atmospheric samples were taken at all points where dust was produced in the course of the operation. These points were: (1) underground, in stopes during drilling, mucking and slushing operations, in drifts and other passage ways during pulling of chutes and tramming the ore to the ore bin, and during mucking operations with a mechanical car-loader; (2) surface and mill—at the truck loading and dumping locations, at the various crushing operations, and at the various screening operations. In addition to the determination of the amount of lead which was in the air, counts were made on atmospheric samples taken at certain of the locations to determine the overall dust concentration. The analytical work for the lead determinations is now being performed in the laboratory. Discussions were held with the superintendents of both mines concerning the type of controls and methods of installation which could be provided economically and yet fulfill the requirements of dust control. Both superintendents signified their willingness to install whatever controls were shown to be necessary as a result of our studies.

HYDROGEN CYANIDE VAPORS IN ELECTROPLATING

During the latter part of the month, as a result of a request from the safety engineer of a plant in the southern part of the State engaged in making large caliber shell casings, the Bureau of Industrial Health made studies at the large automatic zinc electroplating tanks. On casual inspection, the tanks seemed to be provided with more than ample local exhaust ventilation, but the request for a check of existing conditions exemplified the desire of the management to maintain the cleanest of working conditions. The atmospheric samples are now being analyzed in our laboratory. Should changes be indicated in the exhaust system, the safety engineer has assured us that the management will make the recommended changes. Other studies were made at different locations in the same plant.

RADIUM AND X-RADIATION IN INDUSTRY

In order to study the work places of employees exposed to gamma radiation from the use of radium in dial painting and from X-ray machines used to detect flaws in welding, the National Institute of Health, United States Public Health Service has offered the services of a physicist equipped with the necessary apparatus for field evaluation of the hazard. A great service could thus be done for industry, a service not otherwise possible due to the expense of purchasing the testing apparatus and the technical knowledge involved in its operation. Accordingly, arrangements were made for Dr. Frank Hoecker, physicist from the National Institute of Health, to make studies in a number of aircraft repair and shipbuilding plants throughout the State. Dr. Hoecker completed his study in the San Francisco Bay and Central Valley sections during the first part of the month, and in the Los Angeles area, in cooperation with the Los Angeles City and County Industrial Hygiene units, during the latter part of the month. At present, he is continuing his study in aircraft and shipbuilding plants in San Diego County.

HEALTH OFFICER APPOINTED

Dr. Edith S. Young has been made Acting Health Officer of the Yuba-Sutter Bi-County Unit with headquarters at Marysville. Dr. Young has served as a pediatrician in the Bureau of Maternal and Child Health of the State Department of Public Health for many years. She takes the place of Dr. Irving Johnson who is now Health Officer of Marin County. Several women have served as health officers of California cities, but in so far as is known, Dr. Young is the first woman to have been appointed as a county health officer in California.

TRICHLORETHYLENE VAPOR AT A DEGREASER IN A FOUNDRY

The safety engineer of a large iron works in the San Francisco Bay area inquired for information relative to the toxicity of trichlorethylene and the methods used in practice for controlling the hazard. Atmospheric tests made at the breathing level of the operator of the degreaser indicated concentrations exceeding the safe limit during only one part of the process. The operative principles of a degreaser were discussed with the safety engineer and he was given information which, if followed, would make the degreaser more efficient and prevent the vapors from escaping into the workroom air in dangerous quantities.

LEAD HAZARD IN STORAGE BATTERY MANUFACTURE

In the pursuit of their duties, engineers and inspectors from the Labor Commissioner's office are confronted with conditions from time to time which may or may not be dangerous to the health of employees. In order to verify their suspicions before issuing clean-up orders, the Bureau of Industrial Health has been requested on a number of occasions to act as consultant and to determine the existence or nonexistence of toxic materials in the workroom air. Such was the case when the Bureau was asked to evaluate the working conditions of a storage battery plant in the metropolitan area of San Francisco. Atmospheric samples were secured at all of the dust and fume producing operations at the breathing level of the employees working at these locations. In most instances, dangerous amounts of lead oxide as a dust or as a fume were found. Effective, economical methods of controlling the hazard were indicated to both the plant management and to the Labor Commissioner.

CARBON MONOXIDE FROM GASOLINE LIFT TRUCKS IN A WAREHOUSE

An insurance company that carries the liability insurance for employees working in a fruit packing house asked the advice of the Bureau of Industrial Health relative to the exposure of workers in the warehouse of this plant to carbon monoxide gas from gasoline-powered lift trucks. Studies were made in the warehouse during normal operating conditions and it was found that only the lift truck operators themselves were exposed to potentially dangerous quantities of the gas. Recommendations were made to the insurance company engineers and to the plant managements for alterations in the design and location of the exhaust pipe in order that the engine exhaust fumes could be discharged near the floor, to the rear of the operator, and to the side of the truck free from any obstruction.

LABORATORY STUDIES

During November, analyses for lead, zinc, cadmium, ammonium chloride and sulfuric acid were made in the laboratory of the Bureau of Industrial Health as part of the field studies. In addition, samples of paint thinner, rock dust, rubber adhesive, poster paints and rust preventive submitted from various sources, were analyzed for their toxic constituents and reports were prepared giving the opinion of the Bureau on the dangers involved in their use.

REVISED LIST OF REPORTABLE DISEASES

Reportable Only:

Anthrax
Botulism—if commercial product notify State Department of Health at once.
Coccidioidal Granuloma
Dengue—keep patient in mosquito-free room.
Epilepsy
Food Poisoning
Glanders—report by phone or telegraph.
Jaundice—infectious or epidemic types.
Malaria—keep patient in mosquito-free room.
Pneumonia—specify type of pneumococcus if known.
Relapsing Fever
Rheumatic Fever
Rocky Mountain Spotted Fever
Tetanus
Trichinosis
Tularemia
Undulant Fever

Reportable and Subject to Isolation:

Epidemic diarrhea of the newborn (in institutions)
Chickenpox
Dysentery—Amoebic
Dysentery—Bacillary—specify type if known.
German Measles
Influenza
Measles
Mumps
Ophthalmia Neonatorum
Psittacosis
Rabies—in animals. Use special card.
Rabies—in humans.
Septic Sore Throat (in epidemic form).
Trachoma
Tuberculosis—use special card.
Whooping Cough
Syphilis—use special card.
Gonorrhea—use special card.
Chancroid—use special card.
Lymphopathia Venereum—use special card.
Granuloma—Inguinale—use special card.

Reportable and Subject to Quarantine and Placarding:

Cholera—report by telephone or telegraph to State Department of Health.
Diphtheria
Encephalitis (Infectious)—specify type if known.

NOTE: This means all forms of acute encephalitis such as St. Louis type, equine type, and any other epidemic form occurring in California.

Leprosy
Meningitis (due to the meningococcus).
Paratyphoid Fever—specify type A or B.
Plague—report by telephone or telegraph to State Department of Health.

REVISED LIST OF REPORTABLE DISEASES—Continued

Acute Anterior Poliomyelitis

Scarlet Fever

Smallpox

Typhoid Fever

Typhus Fever

Yellow Fever—report by telephone or telegraph to State Department of Health.

MORBIDITY*

Complete Reports for Certain Diseases Recorded for Week Ending December 12, 1942

Chickenpox

955 cases from the following counties: Alameda 52, Butte 16, Colusa 8, Contra Costa 49, Fresno 13, Humboldt 2, Inyo 15, Kern 24, Lassen 7, Los Angeles 144, Marin 7, Mendocino 1, Merced 14, Modoc 13, Monterey 13, Napa 7, Orange 65, Placer 1, Riverside 31, Sacramento 36, San Bernardino 6, San Diego 105, San Francisco 91, San Joaquin 66, San Luis Obispo 4, San Mateo 10, Santa Barbara 7, Santa Clara 26, Santa Cruz 1, Sonoma 52, Stanislaus 20, Sutter 2, Tehama 15, Trinity 15, Tulare 5, Ventura 5, Yolo 7.

German Measles

111 cases from the following counties: Alameda 8, Contra Costa 1, Inyo 2, Kern 3, Los Angeles 8, Marin 1, Modoc 71, Orange 2, Riverside 1, San Diego 4, San Joaquin 2, San Mateo 2, Santa Barbara 1, Santa Clara 2, Santa Cruz 1, Sonoma 2.

Measles

80 cases from the following counties: Alameda 3, Fresno 2, Inyo 2, Kern 1, Los Angeles 14, Modoc 15, Monterey 1, Plumas 1, Sacramento 9, San Bernardino 1, San Diego 4, San Francisco 11, San Joaquin 1, San Luis Obispo 1, San Mateo 5, Santa Clara 2, Siskiyou 4, Stanislaus 2, Ventura 1.

Mumps

486 cases from the following counties: Alameda 26, Contra Costa 9, Fresno 5, Humboldt 26, Kern 4, Kings 6, Los Angeles 124, Mendocino 3, Monterey 1, Napa 3, Orange 8, Placer 1, Sacramento 1, San Bernardino 9, San Diego 28, San Francisco 48, San Joaquin 96, San Luis Obispo 5, San Mateo 27, Santa Clara 14, Santa Cruz 2, Sonoma 1, Stanislaus 12, Tulare 15, Ventura 7, Yolo 5.

Scarlet Fever

138 cases from the following counties: Alameda 1, Butte 2, Contra Costa 1, Fresno 6, Kern 1, Lassen 11, Los Angeles 53, Marin 3, Napa 1, Orange 2, Sacramento 7, San Bernardino 2, San Diego 4, San Francisco 8, San Joaquin 2, Santa Clara 21, Sonoma 2, Tulare 5, Ventura 3, Yolo 2, Yuba 1.

Whooping Cough

245 cases from the following counties: Alameda 42, Fresno 5, Imperial 3, Kern 1, Los Angeles 85, Madera 6, Mendocino 1, Merced 1, Modoc 2, Orange 10, Riverside 7, Sacramento 2, San Bernardino 2, San Diego 15, San Francisco 14, San Joaquin 4, San Luis Obispo 1, San Mateo 1, Santa Clara 18, Santa Cruz 2, Sonoma 1, Stanislaus 1, Ventura 20, Yolo 1.

Diphtheria

22 cases from the following counties: Los Angeles 7, Monterey 2, Riverside 1, Sacramento 11, San Joaquin 1.

Epilepsy

49 cases from the following counties: Fresno 4, Inyo 1, Los Angeles 32, Sacramento 5, San Bernardino 1, San Diego 2, San Francisco 4.

Botulism

4 cases from Stanislaus County.

Coccidioidal Granuloma

One case from Kern County.

Dysentery (Bacillary)

8 cases from the following counties: Inyo 1, Los Angeles 7.

Food Poisoning

9 cases from the following counties: Marin 4, San Joaquin 5.

Influenza (Epidemic)

37 cases reported in the State.

*Data regarding the other reportable diseases not listed herein, may be obtained upon request.

**Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Malaria

2 cases: Butte County 1, California 1.**

Meningitis (Meningococcic)

5 cases from the following counties: Fresno 1, Los Angeles 1, Napa 1, San Bernardino 1, Santa Clara 1.

Pneumonia (Infectious)

63 cases reported in the State.

Poliomyelitis (Acute Anterior)

13 cases from the following counties: Alameda 1, Fresno 1, Los Angeles 9, Santa Barbara 1, Siskiyou 1.

Rabies (Animal)

3 cases from Los Angeles County.

Rheumatic Fever (Acute)

4 cases from the following counties: Los Angeles 2, San Francisco 1, Santa Clara 1.

Typhoid Fever

4 cases from the following counties: Kings 1, Sacramento 1, Santa Cruz 1, Ventura 1.

Typhus Fever

3 cases from Los Angeles County.

Undulant Fever

5 cases from the following counties: Kern 1, Marin 1, San Bernardino 2, Stanislaus 1.

Gonorrhea

216 cases reported in the State.

Syphilis

578 cases reported in the State.

CROSS CONNECTIONS AND RELATED PROBLEMS

A joint conference was held recently by members of the Bureau of Industrial Health and the Bureau of Sanitary Engineering relative to the study of drinking water conditions in shipyards and on board ship. The main point at issue discussed was the elimination of cross connections existing between the drinking water lines and nonpotable water such as fire lines using sea water. A tentative plan for joint study of this problem was evolved with the initiative to be taken by the Bureau of Sanitary Engineering and the United States Public Health Service, but with the Bureau of Industrial Health cooperating in the study.

The rural dweller in the United States, has on the average, four or five years longer life than the urban resident. Among white males dwelling in rural areas the average length of life is 62.09 years, while for urban residents, it is 56.73 years. The corresponding figures for white females are 65.09 years and 61.05 years. These figures are based on the calendar year 1930.—Louis L. Dublin, Ph.D.

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